

## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

CURRENT CORRESPONDE	4CE ADDRESS (No	ate: Use Block 1 for any c	hange of address)		Note: A certificate of	mailing can only be used for	or domestic mailings of the	
026304	7590	06/04/2004			Fee(s) Transmittal. This certificate cannot be used for any other accompanyin papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission.			
KATTEN MUC	HIN ZAVI	S ROSENMA	N		Certificate of Mailing or Transmission			
575 MADISON A		J 1100211111	_ ,		I hereby certify that the	his Fee(s) Transmittal is bein	g deposited with the Unite	
NEW YORK, NY	10022-258	5			addressed to the Mai	nis Fee(s) Transmittal is bein with sufficient postage for fir il Stop ISSUE FEE address PTO (703) 746-4000, on the	st class mail in an envelor above, or being facsimi	
					transmitted to the USF	PTO (703) 746-4000, on the	date indicated below.	
				•	· .		(Depositor's name	
•							(Signature	
							(Date	
APPLICATION NO.	FILING	G DATE	FIRST NAMED I		DINVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/829,126	04/09/2001		Nichola:		Bennett	3182/FBR	7244	
TITLE OF INVENTION:	GAMING MAG	CHINE WITH PLA	YER OPERA	BLE CHANG	GING GRAPHICAL BONUS A			
·					·			
APPLN. TYPE	<del>-</del>	ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	N	10	\$1330		\$300	\$1630	09/07/2004	
EXAMINER			ART UNIT		CLASS- SUBCLASS	] ;		
COBURN, CORBETT B			3714 463-016000		463-016000			
1. Change of corresponder CFR 1.363).	ce address or ir	dication of "Fee A	ddress" (37		nting on the patent front page, l	•		
Change of correspon								
Address form PTO/SB/	122) attached.				me of a single firm (having as	a member a 2		
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cur				registered attorney or agent) and the names of up to				
Number is required.	or more recent	,) attached. Use of a	a Customer	listed, no	name will be printed.	110 Haine is 3	<del></del>	
. ASSIGNEE NAME AN	D RESIDENCE	DATA TO BE PI	UNTED ON T	HE PATEN	Γ (print or type)	· · · · · · · · · · · · · · · · · · ·		
PLEASE NOTE: Unler recordation as set forth	ss an assignee in 37 CFR 3.11	is identified below.  Completion of th	, no assignee is form is NO	data will app F a substitute	ear on the patent. If an assign for filing an assignment.	nee is identified below, the	document has been filed	
(A) NAME OF ASSIG	NEE		(B	) RESIDENC	E: (CITY and STATE OR CO	UNTRY)		
ISTOCRAT TECHN	IOLOGIES	AUSTRALIA I	PTY LTD.		NEW SOUTH	WALES, AUSTRAL	IA 2066	
Nesse short the average			(!11 <b>L</b> :				_	
lease check the appropria a. The following fee(s) ar		gory or categories	<u> </u>	. Payment of		orporation or other private gr	roup entity Governme	
Issue Fee					in the amount of the fee(s) is en	nclosed		
Publication Fee (No	small entity dis	scount nermitted)		Payment by credit card. Form PTO-2038 is attached.				
Advance Order - #		10		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, Deposit Account Number (enclose an extra copy of this form).				
				Deposit Acc	ount Number 50129	(enclose an extra	copy of this form).	
Change in Entity Statu  a. Applicant claims			FR 1.27.	☐ b. Applic	ant is no longer claiming SMA	LL ENTITY status. See 37 (	CFR 1.27(g)(2).	
he Director of the USPTO	) is requested to	apply the Issue Fe	e and Publicat		ny) or to re-apply any previous e other than the applicant; a reg			
iterest as shown by the re-	ords of the Uni	ted States Patent a	nd Trademark	Office.	e outer than the applicant, a reg	istered autorney or agent; or	the assignee of other party	
					. Date	· · · · · · · · · · · · · · · · · · ·		
Authorized Signature _					Danishania	ı No		
Authorized Signature Typed or printed name					. Kegistration		<del></del>	
Typed or printed name	ion is required t			1501	to obtain as menia a trainete tur		DA 501290° proce	
Typed or printed name this collection of informate application. 07/08/	ion is required t	0000073	1	<u>1501</u>	\$1,330.00 07/0	7/2004	DA 501290 proces	
_	ion is required t 2004 0 2004 0			1501 1504 8001	to obtain as menia a trainete tur	7/2004 7/2004	DA 501290 processory  DA 501290 processory  DA 501290 processory  DA 501290	